THE LANCET.

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PARACENTESIS THORACIS.

To the Editor of THE LANCET.

SIR,—The expediency of having recourse to the operation of paracentesis thoracis, in cases of hydrothorax, has not always been doubted by some practitioners of the present day, but some have even deemed it altogether inadmissible. It is advanced in support of these opinions, that cases of primary hydrothorax rarely occur, it being generally associated with disease of the heart and lungs. Mr. Lawrence, in his lectures on surgery, as reported in the eighteenth volume of THE LANCET, says, "that, in general, hydrothorax is merely a symptom of organic disease of the heart or lungs, or some other part of the body, and of course the removal of the water, in such a case, can be of no benefit to the patient." He further observes, "*I have never seen a case where it was at all desirable to resort to it with a view to procure temporary relief.*" The danger of acting upon such sweeping assertions is great, for I believe them to be well calculated to mislead the inexperienced practitioner. The following case at once proves the fallacy of the latter opinion, and affords a pathological demonstration that serous effusion into the chest does not, of necessity, always depend upon disease of the adjacent organs, but that it may exist as a primary affection, and that the adoption of the operation of paracentesis thoracis under such circumstances is not only calculated in an especial manner to afford temporary relief, but even to render life supportable, and protract it to an indefinite period. I am induced also to forward this case to your valuable Journal, as being remarkable for the large quantity of fluid evacuated by the operation. Dr. Davies stated, in a discussion which took place at the *London Medical Society* some time since, that he at one time succeeded in evacuating nine pints of fluid from a patient affected with hydrothorax; but the patient sank soon after the operation. In the case now about to be detailed, the quantity of fluid removed at the second operation was nine pints and a half.

Case.—William Roberts, aged 40, of an athletic constitution, was admitted a patient of the *Lowestoft Dispensary* in Aug. 1834. He described himself as having been, about nine months prior to this, attacked whilst in perfect health with severe pain in the right side, and other symptoms characteristic of pleuritis. Some days elapsed before he could obtain medical relief. Venesection and blistering soon removed the acuteness of the pain, but the difficulty of breathing continued rather to progress, and has of late become so embarrassing as to render life painfully burdensome. The symptom which particularly arrested my attention to the true condition of the pleural cavity was the noise produced, on succussion, by the contained fluid, which could be distinctly heard by the patient and by-standers. My diagnosis of the case was also materially assisted and confirmed by the respiratory murmur being inaudible, the sound dull upon percussion, and the affected side evidently enlarged.

Independently of these symptoms, his general health seemed good, his appetite was unimpaired, the functions of the bowels were properly performed, and no disease of the heart was appreciable. I determined upon puncturing the chest, which was done by first dividing the integuments between the sixth and seventh ribs, guarding as much as possible against wounding the fibres of the fleshy digitations of the serratus magnus muscle. A trocar was then plunged into the thorax, and four pints of sero-purulent fluid were evacuated.

After the operation the lungs seemed to rise towards the surface of the pleura, which was evidenced by a return of bronchial respiration; the dyspnœa greatly subsided, the wound healed in a few days, and the patient returned to his occupation, which was that of a sailmaker. For many months he enjoyed uninterrupted good health, and continued thus till about three months since, when he began to experience a return of the difficulty of breathing,

which gradually increased to an alarming degree. These symptoms, no doubt, were much aggravated and accelerated by the indulgence of intemperate habits. On Saturday the 29th of August last, he was again admitted a patient at the Dispensary, when there were present all the former symptoms, with the exception that the rattling noise of the fluid could not be heard upon succussion. This I attributed to the pleural cavity having become completely distended with fluid. From the very embarrassed state of his respiration, and his inability to assume the recumbent posture, it was very evident that the effused fluid had already begun to press upon the opposite lung and heart, so as materially to impede their functions, and to render advisable a repetition of the operation, which appeared to be the only means of protracting his existence. *Nine pints and a half of fluid*, of the same character as the former, followed the introduction of the trocar. During both operations the only inconvenience the patient sustained was a temporary feeling of syncope. The dyspnœa greatly abated, the wound soon healed, and the patient was again dismissed, to all appearance in good health.

There can be no doubt as to the expediency of the operation in this case, in spite of the authority of more influential opinions, and that it was eminently calculated to mitigate the sufferings of the patient, and to rescue him from impending danger. In all probability at some future time the fluid will reaccumulate, the morbid action set up in the pleura having become habitual. Should circumstances again warrant another operation, I shall not fail to acquaint you with the result. I am, Sir, your obedient servant,

W. C. Worthington, Surgeon.

Lowestoft, Sept. 15th, 1835.

EXPERIMENTS ON FIRE-DAMP.

To the Editor of The Lancet.

Sir,—When lately in London, I made a promise to Mr. Pease, M.P., and to Mr. Nicholas Wood, an experienced and accomplished viewer in this neighbourhood, that I would take the first opportunity which might present, of analysing the most explosive fire-damp of the coal-mines in this district. Besides, on the 18th of June last, when upon examination before a select committee of the House of Commons on accidents, I gave my opinion, founded upon recent authorities, that in some of our coal-mines we have occasionally heavy carburetted hydrogen or olefiant gas. Under these circumstances I considered it my duty to fulfil my promises, as soon as possible, by putting the question beyond an opinion or a conjecture; and I have now the pleasure of transmitting to you, for insertion in The Lancet, the following facts, which I hope will be found acceptable to your numerous readers.

At my request Mr. Thomas Elliott, master wasteman at Pensher Colliery, near Sunderland, transmitted to me, in a very suitable manner, four specimens of, what he called, "very pure and very strong fire-damp," and which he had obtained by emptying quart bottles of spring water, in the current of a "blower" of fire-damp, in one of the coal-mines belonging to the Marquis of Londonderry.*

A portion of one of the specimens of the fire-damp was treated eudiometrically, by nitrous gas, at the common temperature, but I found that it contained no oxygen gas. The same occurred with all the specimens.

I experimented upon all these specimens with carbonate of lead, fresh precipitated, by carbonate of ammonia, from the acetate, and diffused through a small quantity of water, but found that no change of colour took place. Therefore in none of these experiments could any hydrosulphuric acid or sulphuretted hydrogen gas be detected.

Observing this, I treated a specimen of this fire-damp with a solution of caustic potash, and found that it contained eight per cent of carbonic acid gas. In another specimen I found seven, in another five, and in another eight.

I could not fire, by iron, at a cherry-red heat, any of these specimens, when mixed with atmospherical air in the proportion of one of the former with seven or eight of the latter; nor when the iron was even at a white heat; but it was only effected when the iron was in a state of sparkling combustion.

I burnt a portion of this fire-damp, when in a current through water, in an apparatus of my own invention, and I found that the flame was not only feeble, but also that it proved to an experienced eye that it contained no olefiant gas.

One measure of this fire-damp required two measures of oxygen gas for complete combustion, by the electric spark, in Dr. Ure's improved eudiometer, and from

* I beg to remark that, for at least twenty years, I have declined using bladders or silk gasholders, in collecting or experimenting upon gases, for reasons *now* well known to men of science.

which I obtained nearly one measure of carbonic acid gas.

When this fire-damp was mixed in the proportion of one part to three of atmospherical air, I could not explode the mixture by strong sparks from the Leyden jar. I observed the same to occur when four or even five parts of atmospherical air were used; but with six parts to one of the fire-damp a feeble explosion took place. When one volume of this fire-damp was mixed with four volumes of chlorine in a *dry state*, no change took place, whether in darkness or in the solar rays.

I mixed, over water, different specimens of this fire-damp with chlorine, in the proportion of two of the latter to one of the former, but found that no combination took place, nor was there the least appearance of that yellow, oil-like liquid, indicating the presence of olefiant gas. Accordingt o my ultimate analyses, these four specimens of fire-damp contained per cent.,

Bi-hydruret of carbon, from	75 to 82
Nitrogen gas, from	13 to 17
Carbonic acid gas, from....	5 to 8

It appears that these mixtures of gases in fire-damp are, in respect to their proportions, purely accidental, nor can it be otherwise in their position.

About a fortnight ago I received two quart bottles of fire-damp, which were obtained at one of the collieries belonging to Messrs. William Bell and Co. by Mr. Ralph Elliott, overman and manager of the waste in the coal-mines belonging to Lord Londonderry; and who has been employed for forty-two years in coal-mines. Mr. Elliott informed me that this fire-damp was *remarkably explosive*—in fact, the *strongest* he had ever seen. I need not transcribe from my copious notes any of the experiments which I performed upon these specimens of fire-damp, as they were all very similar to those stated at large in the above account of the fire-damp from Lord Londonderry's coal-mine; but shall content myself with giving the results of my ultimate analysis of one of the specimens:—

Bi-hydruret of carbon	85
Nitrogen gas	12
Carbonic acid gas	3
	100

From these experiments we are assured that in none of these specimens of fire-damp was even the smallest portion of olefiant gas detected. In conclusion, I beg to remark that in several of these experiments I availed myself of the kind assistance of my friend Mr. Edward Haygarth Malling, M.R.C.S., whose acquirements in the walks of science require no eulogium from me. I remain, Mr. Editor, your most obedient servant,

W. Reid Clanny.

Sunderland, Sept. 12, 1835.

INTESTINAL CONVULSIONS.

To the Editor of The Lancet.

Sir,—If simplicity in the operation of a fatal cause of disease be equally interesting to the pathologist with the more complicated processes which destroy life, we shall find in such cases as the following, one now and then worthy of record, especially since it involves one of the most frequent of all infantile disorders,—intestinal convulsions; from which cause, as it is very briefly recorded, I transmit it for insertion in your excellent journal; and am, Sir, yours, most respectfully,

R. M'Leod, M.D.

Bridlington, Sept. 1, 1835.

Miss G——, a tradesman's daughter, ætat. three years and a half, a fine child, of plethoric habit and playful disposition, was amusing herself during the greater part of a very hot day, by plucking fruit in the garden, and partaking freely of it, attending at intervals to the usual out-door recreations of children. Towards evening she was observed to become very languid and inert, leading the mother to suspect the approach of some serious effect on her health. Accordingly I was sent for at about nine o'clock in the evening, when I found the child labouring under pain, tumefaction, and great uneasiness, throughout the whole of the abdomen. The countenance pallid; pulse quick and sharp, tongue white; thirst urgent; knees drawn up towards the abdomen, with general restlessness, followed by convulsive fits, at first lasting only for a few seconds, but gradually becoming more severe, frequent, and protracted; one paroxysm following another in such rapid succession, that only an interval of a few seconds between each fit was perceptible. I first directed her to be placed for ten minutes in a warm-bath, at a temperature of 98°, constant friction at the same time being used over the whole of the abdomen, and to have the following powder:—

℞ *Hydrarg. Submur.* gr. iij; *Pulv. Rhei* gr. iv; *Pulv. Zingib.* gr. ij. M. ft. pulv. statim sumend.; and in one hour after to have an enema, with ten drops of the oil of aniseed in it.

I saw her again at two in the morning. She had had one dark-coloured stool about an hour previously. The abdomen was not quite so hard; pulse quick and feeble; paroxysms not quite so frequent, but more austere and prolonged. A stimulant and aromatic draft was ordered, and I visited her again at seven, but was informed that she had expired in a very strong fit, about an hour and a half previous to my arrival.

A post-mortem inspection being permitted, the following are the appearances which were discovered:—The viscera of the thorax presented the most healthy appearance. The heart and lungs were natural in every respect. The stomach was greatly distended with air, and contained a quantity of half-digested seemingly unripe fruit and peas. No marks of inflammation were apparent in its coats. The whole of the intestinal canal was exceedingly inflated with a gas of the most offensive odour, and contained but a small quantity of feculent matter. It also was free from inflammation. The gall fluid was very dark-coloured and unhealthy. The brain presented no morbid appearance at all sufficient to account for the fatal result. I shall simply offer a single remark on what I conceive to have been the cause of the generation of such distressing flatulency, so characteristic a symptom of the disease in question. A healthy flow of bile is unquestionably indispensable to the peristaltic motion of the intestines, and, on the other hand, a vitiated secretion of that fluid must retard their vermicular motion, and tend to detain acrid alimentary substances in the duodenum for a much greater length of time than is necessary for the process of nutrition. The accumulated exposure to animal heat consequently occasions the acetous fermentation, the disengagement of gas, excessive pressure on the extremities of the superior mesenteric, and branches of the solar plexus of nerves which enter the viscera of the abdomen, and sympathetic affections of the limbs and other parts of the body, producing convulsions, and such depression of all the powers of the system as, unsubdued, must terminate fatally.

KNOWLEDGE OF THE ANCIENTS OF THE CIRCULATION OF THE BLOOD.

To the Editor of THE LANCET.

SIR,—In your abstract of the evidence of Sir A. Carlisle before the Medical Committee, he is recorded to have said—"I believe that Hippocrates, Galen, or Celsus, would all be turned back in five minutes by either the College of Surgeons, or the Company of Apothecaries; since, if asked about the circulation of the blood, they would answer that they had never heard of it."

The erroneous opinion that the ancients were unacquainted with the *circulation of the blood* is not confined to the witness in question; it seems to be very generally entertained by medical men, and by literary inquirers. But an investigation of the pages of Hippocrates will show that he was cognizant of that fact. He says "all the veins communicate one with another, and run into one another." (Edit. Van der-Linden. Lug. Bat. 1665. tom. i. p. 367. sect. 9, *De Locis in Homine.*) That "the veins which spread themselves over the whole body, filling it with spirit, juice, and motion, are all of them but branches of one original vein." (Idem, tom. i. p.304. sect.17. *Lib. de Venis.*) "I protest I know not where it begins or where it ends, for in a circle there is neither beginning nor ending." "The heart is the source of the arteries, which carry blood into all parts of the body, communicating to them life and heat." (Idem, tom. i. *De Alimento*, p. 596. sect. 7.) "They are the rivulets which cherish the human body, and convey life to every part of man." (Idem, *De Corde*, tom. i. p. 291. sect. 5.) "The heart and veins are always in motion." (Idem, *Lib. de Principiis*, tom. i. p. 116. sect. 7.) "Rivers return to their sources in an unaccountable and extraordinary manner, like the circulation of the blood." (Idem, *De Insomniis*, p. 460. tom. i. sect. 15.) From many other passages, it appears that he clearly knew of the circulation of the blood.* Vide eundem, *De Morbis*, lib. i. p. 33. sect. 29. *De Insomniis*, sect. 13. *Epidemic*, lib. 6. sect. 6. *De Natura Pueri. De Locis in Homine.*

Again, Plato says, "From the heart spring

* He compares its admirable mechanism "to clews of thread, whose filaments overlap each other," and says "that in the body it performs just such a circuit, always terminating where it began."

the veins and blood, which with rapidity carries itself into all parts." (Plato in *Timæo*, edit. Ficini Lugd. 1590. p. 543), adding, "When the blood thickens, it flows with more difficulty through the veins." (Idem, p. 549.)

Aristotle says, "That from the heart there arise two veins, one on the right and the other on the left side." He held that the arteries had a communication with the veins, and that they were intimately connected together. (Aristotle *De Partibus Animal*, lib. 3. c. 4. et tom. i. p. 752 D. E. et 753—et tom. i. 689 A. et 690 E.)

Julius Pollux says, "The heart has two cavities, the one of which communicates with the arteries, the other with the veins." (*Onomasticon*, lib. 2. cap. 4. sect. 215.)

Apuleius, in explaining the doctrine of Plato, says, "The blood on leaving the heart makes its course along the lungs to spread itself afterwards into all parts of the body." (Apuleius in libro *De Dogmate Platonis*, Edit. Aldi 1521. p. 200.)

Nemesius, bishop of Emissa, who lived in the fourth century, has a very clear passage, to this purpose:—"The motion of the pulse owes its origin to the heart, and particularly to the left ventricle of that viscera."

Thus much for the ancient writers. Let us look at some of a later date, yet prior to the time of Harvey.

Servetus (who was burnt at Geneva in 1553) says, "The blood, a vital spirit, is dispersed through the body by the anastomosis or mutual insertion of two vessels at their extremities into one another." "The expanded air in the lungs contributes to the formation of blood, which comes to them from the right ventricle of the heart, by the canal of the pulmonary artery." "The heart having thus received the blood prepared by the lungs, sends it forth again by the artery of its left ventricle called the aorta, which distributes it into all parts of the body." (Michael Servetus, Quinta Parte Christianismi Restitutionis *a Wottone* citatus.)*

Andreas Cisalpinus, in the sixteenth century, explains "how the blood gushing from the right ventricle of the heart through the pulmonary artery to pass into the lungs, enters anastomosically into the pulmonary veins, to be conveyed to the left ventricle of the heart, and afterwards distributed by the aorta into all parts of the body." (In *Quæst. Medicis*, lib. 2. quæst. 17. p. 234.)

Johannes Leonicenus says that Paul Sarpi, called also Father Paul, first discerned "the value of the veins, which, like the suckers of a pump, open to let the blood pass, but shut to prevent its return," and that he communicated this to Fabricius ab Aquapendente at Padua, who disclosed it to Harvey, then studying physic under him at that place.

That the fathers of medicine may have their claims relative to this matter recognised by our collegiate examiners, and that the knowledge which those men evinced of the subject (who we are told by Sir A. Carlisle would be rejected from our scientific institutions in five minutes) may be made known to some of your readers, who may probably not have turned their attention to this point, has led me to request that you will find room for this brief condensation. I am, Sir, your obedient servant,

THOMAS CALVERT GIRTIN.

Islington, Sept. 6, 1835.

* Haller says that Servetus hath only explained the sentiments of Galen. (Haller. Method. Stud. Med., p. 383.)

DUBLIN COLLEGE OF SURGEONS.

To the Editor of THE LANCET.

SIR,—It seems to me that you are not half severe enough on the clique that manage this blessed corporation. I have a right to speak out, as I am one of the unfortunate contemned and injured licentiates, who are most infamously deprived of their unquestionable rights, and have no place left them to speak their sentiments but in the pages of THE LANCET, that ready instrument of power to expose and punish injustice and vindicate right.

For God's sake, Sir, touch these fellows up with the long pole of your wrath, for verily I see no other chance of any improvement among them. On you is our only dependence, for Mr. Warburton is so long about doing us any good, that the fellows here have become more insolent than ever, for they think some desperate difficulty has put an end to his exertions; this, along with the state of the political world just now, raises their spirits and their malice at the same time, from zero, where it was lately, up to blood heat, if not 212° Fahrenheit.

The other day they kicked out THE LANCET from the library, because it contained sentiments disagreeable (because of their truth you may depend on it) to those few whose private interest makes them insist on the school being part of the College. Not long ago they did the same by the newspapers and other periodicals, for the avowed reason, that union of sentiment and feeling was springing up among

those members and licentiates who met daily in social intercourse. It is thus that the convenience, the interest, and the feeling *of all* are sacrificed to the *animus* of the unworthy crew who are in management. They may rail, abuse, and deny, as they please, but every act of theirs shows the truth of their antagonists' opinions and statements. Can any thing be more insolent and impertinent and unjust, than that a Committee of three, elected by all sorts of jobbing, not for their qualifications in literature, but for their devotedness to ignorance, faction, and injustice, should presume to determine what medical politics shall be read by nearly 300 members and licentiates? Now really, Sir, it strikes me, that THE LANCET has become too important a work, whether we view it as a journal containing the newest and the most extensive and useful information on medical topics, or as the organ of the largest and most important portion of the medical public, to be *tattooed* after this ignorant and impertinent fashion.

I presume they think thus to save the Licentiates from being imbued with "*dangerous*" sentiments, but they may rest assured that insolence and injustice have their limits of endurance. The Licentiates have only to open their eyes to things of every day's occurrence, to be convinced that *their* interests, and that of what is called "the College," are very different—in fact, very opposite things; and if the Licentiates appear to have submitted with a slavish spirit to wrongs and insults, it is to be remembered in their defence, that they have been kept in daily expectation of Mr. Warburton's Bill. But let that Bill come or not, it is now so notorious, that the interests of the profession are neglected and *sacrificed*, and the condition of the Licentiates, and a considerable portion of the members too, depressed, that they must and will take their own case into their own management, and do in right earnest what a selfish and unprincipled set of factionists have been so long pretending to do, but neglecting.

The *wise* administration of these corrupt pedagogues will not only remove from us the little learning we may yet have in the College, but even justify our withdrawal from and hostility to that body. But as to preventing THE LANCET being read,—Out upon such contemptible legislation! It will be read with increased avidity, it will continue to be the organ, the champion—ay, the victorious champion—of our party and interests, which are those of truth, justice, and liberality. For my poorer brethren, let me add, that it is taken at the Dublin Library, at Fannin's, at all bookselling lounges, and at the "Northumberland," where any one can, for the price of a bottle of soda water, or a cup of coffee, see all the newspapers of the day, as well as peruse THE LANCET. And do these blockheads expect to *escape* THE LANCET? I am, Sir,

ONE OF THE INSULTED AND INJURED LICENTIATES.

Dublin, Sept. 8, 1835.

Nouvelles Recherches sur les Secours a Donner aux Noyés, &c. Recent Researches on the Assistance most proper for the Recovery of Individuals Drowned or Asphyxiated. By C. H. MARC, Physician to the King, &c. 8vo. pp. 503. Plates. Paris. Crochard. 1835.

THIS is one of those remarkable works, in which the author, enlightened by a long experience and a conscientious examination of his subject, has not only assembled together the various facts scattered throughout the writings in his own and foreign countries, but has also contributed materially to increase our knowledge of the subject, which he has taken up to pursue an investigation of several points hitherto obscure or doubtful.

The volume now before us may be divided into four parts. In the first the author treats of the means most proper to prevent the danger of being asphyxiated, and on the means of withdrawing quickly from the asphyxiating medium the individuals who have fallen under its influence. The second part treats of the medical aid which is to be administered to the drowned or asphyxiated. The third part comprises the instructions which ought to be published by governments or associations on the means of saving the drowned and asphyxiated. Finally, in the fourth part, the author gives an interesting historical view of the different humane societies which have been established at London, Paris, Hamburg, Amsterdam, &c.

The variety and extent of matter comprised in the work of M. Marc, necessarily prevent us from attempting anything like an analysis; we must therefore confine ourselves to a notice of the contents of the principal chapters, and some few points which have been especially illustrated by the author, referring for more ample de-

tails to the work itself, which should be in the possession not only of all medical men, but of all individuals who, from position or inclination, occupy themselves with the noblest of human pursuits; for, as Cicero* says, "homines ad deos nullâ re propius accedunt, quam salutem hominibus dando."

Asphyxia from carbonic acid gas is, next to that by submersion, unquestionably the most frequent; it is therefore a question of importance to decide the best and most prompt means of withdrawing the individual from the mephitic atmosphere, under whose influence he cannot exist for any length of time. Various expedients have been proposed to guarantee the assistant who endeavours to rescue the asphyxiated individual from the deleterious effects of this gas, such as the mask of Gosse, that of Robert, and particularly the apparatus of M. Lemaire d'Angerville.† M. Paulin, commander of the sapeurs pompiers (firemen), has lately invented a very simple and ingenious apparatus for this purpose, which deserves some notice.

The principal object of this means is to enable the fireman to descend into caves &c., where a fire breaks out in combustible matter, such as oily, alcoholic, fatty, sulphurous substances, and at the same time to work at his ease, without being distracted by the care necessary for personal preservation. It is applicable to every other asphyxiating medium, and is more easily employed when fire does not exist in the infected place.

The fireman, with his brass helmet on the head, is clothed with a large sheep-skin shirt (*blouse*), covering the head, face, and chest, fitted with a demi-cylindrical mask one line in thickness; the shirt is tightened round the waist by the man's girdle, and also fastened by two straps, which pass between the legs, and are buckled behind. This envelope is destined to receive the air necessary for respiration, which is conveyed by a flexible tube, from the tube of the common fire-engine to a hole in the centre of the shirt over the chest. By working the fire-engine without any water in it, a quantity of air is driven down through the small tube, and gives a constant supply of fresh atmosphere. The man can also see what he does in the cave, well, &c., by a small lamp, fed by the same air which he breathes; the apparatus now noticed may be used at 200 feet distant from the common fire-engine, and without doubt at a far greater distance with an engine of greater force, and constructed for the purpose. M. Marc has lately seen some experiments made with Colonel Paulin's shirt: a fireman descended into a cellar, where the fire had been set to a quantity of dry straw mixed with resin and sulphur; he remained twenty minutes in the cave, the time required for extinguishing the fire; and on coming out he experienced no other inconvenience than an acceleration (130) of the pulse, probably occasioned by the heat.

Under the head of "Means proper to withdraw the Drowned quickly from the Water," M. Marc passes in review the various apparatuses which have been suggested from time to time for this purpose, and does ample justice to efforts made in England to improve or simplify them. Thus he describes and gives a drawing of the drag of Miller; the ice-boat of Ritzler invented at Hamburg in 1781; that of M. Larsen at Copenhagen, and of M. Brize-Fradin in France; and gives ample directions for the best method of conveying the drowned person to a place of succour, a point almost completely neglected in the directions of the Royal Humane Society of London, which has otherwise done so much for the perfection of this subject.

It is unnecessary for us to follow the author through his examination of the various life-boats and other apparatuses invented by Cook, Ackerly, Grant, Manby, Barber, Palmer, &c. We prefer turning to the medical portion of the volume, where some questions of high practical importance are agitated. Laying aside all theory, and avoiding to discuss the various opinions put forth on the cause of death in drowned persons, or on the manner in which life commences to be restored, M. Marc observes that asphyxia by submersion is always accompanied by

* "Oratio pro Ligario."

† For an account of these means, see *Annal. d'Hygiene Pub.*, tom. i, and tom. ii. p. 5.

three principal phenomena—viz. absence of respiration, circulation, and heat, and that it is to the restoration of these three vital properties that all our efforts should be directed.

The means proper for the re-establishment of these three great functions, and for reviving the irritability of the nervous action in the economy at large, are studied in so many separate chapters, but as the re-establishment of the respiration in drowned or asphyxiated persons necessarily brings with it that of the circulation and heat, it is to the former that the author principally directs his attention. Insufflation has always been one of the grand resources in cases of asphyxia. M. Marc accordingly examines the value of this remedy with attention, and describes in detail the various instruments proposed for artificial insufflation by Pia, Chaussier, Albert, Leroy, Currie (James); the bellows of Gorcy; the pump of Van Marum, of Kopp, and a variety of other instruments which we cannot now notice. Before passing to an examination of the utility or non-utility of insufflation, the author takes up a question which has been much disputed amongst physicians, viz., "Does the water penetrate through the trachea and bronchi into the lungs of a drowned person?" Pushing his conclusion in the experiment of Professor Viborg, Dr. Albert, Piorry, &c. and on various facts observed in France and Germany, the author resolves the above question in the affirmative, at least for a great majority of the cases. If, then, the lungs are already surcharged with fluid, or if the trachea, bronchi, and pulmonary cells, are in a high state of congestion, the act of aspiration can only be injurious; and many grave objections have latterly been urged against the employment of insufflation under any form. M. Leroy d'Etioles in particular has raised his voice against this popular remedy, and even attributes a diminution in the number of persons brought to life since insufflation has been extensively practised. MM. Dumeril and Magendie seem to have adopted a similar opinion. M. Leroy assures us, that in the time of Pia, eight-ninths of the drowned were recovered, while at the present day we cannot save more than seven-ninths, and attributes the difference to the pernicious effect of forcible introduction of air into the lungs. M. Marc is far from defending the practice, but he shows that the proportion of persons saved at the present period in Paris is not actually below that in the time of Pia, the founder of humane associations. Thus within a space of six years (from 1821 to 1826), out of 1849 drowned persons, 576 were withdrawn from the water within twelve hours, and of this latter number no less than 430 were restored to life, a proportion which does not differ far from that given by Pia.

Insufflation, however, is now seldom employed in France, and M. Marc thinks, that common insufflation without tracheotomy ought to be altogether banished from the number of those administered to drowned persons; not because the pulmonary vesicles are in danger of being ruptured, but because the act itself causes a depression of the epiglottis, which prevents the air from penetrating into the lungs. This question, involving a popular and extensively-employed remedy, deserves some consideration. Dr. Albert is one of those who has examined the subject of insufflation with the greatest care, and his experiments performed on the asphyxiated, on the dead body, and on animals, have shown him,—

1st. That insufflation from mouth to mouth is always mortal.

2nd. That insufflation of air, by means of an instrument, is of no advantage, because the air does not penetrate into the lungs, but rather descends into the œsophagus, or passes out through the nose and mouth.

3rd. Finally, after a great number of experiments made on animals, M. Albert assures us, that even when a tube is introduced between the epiglottis and upper part of the larynx, or into the trachea, a very small quantity of air may penetrate into the lungs, but this is done with great difficulty on the dead body, and is impossible on the living.

M. Albert also endeavoured to practise the manœuvre recommended by Monro and Cullen, viz., "the pressing the cricoid cartilage against the latter, in order to close it and force the air into the trachea." This was done on several dead dogs and rabbits, to such a degree, that no

bougie could be passed beyond the point of compression; on insufflation, the air did not, indeed, pass into the œsophagus, but it did not pass into the stomach either. In several other cases the epiglottis was removed before insufflation, and then the air penetrated freely into the trachea and œsophagus at the same time.

From the above facts, and from an extensive series of experiments peculiar to the author, and which he gives in detail, M. Marc concludes, that insufflation should not be recommended in the popular instructions for the recovery of drowned persons, and never undertaken except by a medical man; on the contrary, he recommends aspiration as a means calculated to bring with it beneficial results, by freeing the mouth, trachea, and bronchial tubes, from the water, foamy mucus, and other substances, that may be collected in them.

Having examined all the other means proper for the restoration of the respiratory act, M. Marc passes to the circulation. Here the use of bleeding in cases of asphyxia becomes a capital question. The author thinks, and supports his opinion by very satisfactory reasoning, that bloodletting should never be employed in the commencement of the treatment of an asphyxiated person, and that it is only proper in cases where the subject is young and vigorous, and when, after the re-establishment of circulation and respiration, the symptoms of cerebral congestion continue, or commence to show themselves.

Chap. IV is consecrated to the means employed for reanimating the vital heat in asphyxiated persons; and in Chap. V the author treats of such stimulant remedies as are calculated to excite the action of the nerves; amongst which we cannot avoid saying a few words on the use of tobacco glysters, a remedy which, for more than half a century, was universally considered as almost the only means of restoring drowned persons to life; however, in modern times, several physicians, guided rather by theory than practice, would reject them altogether from the scale of useful remedies. M. Marc has examined this question in detail, and after a conscientious discussion of the various facts contained in the writings of the members attached to the Humane Societies of London and Amsterdam, he concludes, that although the cases in which the use of tobacco smoke seemed beneficial, are not sufficiently conclusive to induce us to rely on this remedy as a principal means, yet it should not be excluded from the number of remedies employed, because it has never produced any of the dangerous effects attributed to it, and because, in a great number of cases, the patients to whom it was administered have recovered.

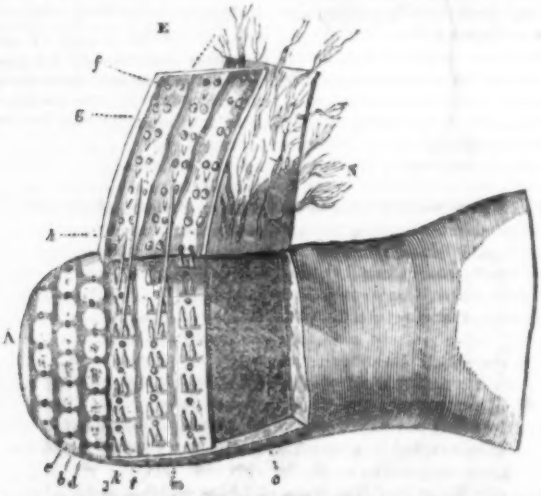
Our space, we regret to say, prevents us from following the author through the remaining chapters of his work, on which he treats of "the special means applicable to certain kinds of asphyxia;" "of the order in which medical assistance should be administered;" or, finally, "on the best popular instructions for the recovery of drowned and asphyxiated persons, and on the organization of humane societies." We shall only remark that all these questions, as well as those discussed in the first part of the present work, are treated almost exclusively in a practical manner, and with a clearness and depth of view which we had a right to expect from the experience of M. Marc, and which will render his work not only highly useful to the physician, but popular with all classes of readers.

Nouvelles Recherches sur la Structure de la Peau. Par M. G. Breschet, M.D. &c., et M. Roussel de Vauzème, M.D. Avec trois planches gravées. Paris, Baillière, 1835, 8vo. pp. 121.

Breschet is already well known as an anatomist by his researches on the veins, deservedly eulogized by Dupuytren, his late colleague at the *Hotel Dieu*, and now occupying a place among the many original works on anatomy which the present century has produced. Breschet possesses less of the genius of minute observation than Raspail, less quicksightedness in following glimpses of facts to their general principles, less constructive skill and dexterity in the management of his instruments; but instead of more brilliant powers, he is endowed with great perseverance, good sense, the faculty of obser-

vation, and a love of truth; he is, besides, an excellent scholar, and thoroughly acquainted with the medical literature of Europe. The present memoir embodies many interesting facts, and, offering in some respects a new as well as a complete view of the structure of the skin, appears to us to be one of the most important

FIG. 1.—*A View of the Human Heel.*

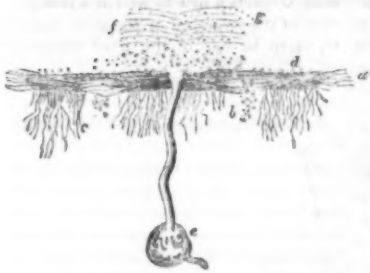


A. External surface of the epidermis.—*b*, Prominent papillary tissues divided by transverse fissures, in the middle of which is a pore, or the external orifice of an hidroferous duct.—*d*, Furrows parallel with the prominent lines.—*E*, Internal surface of the epidermis, moulded on the chorion, raised.—*f*, Series of holes which receive the papillæ.—*g*, Small inter-papillary septum, or process of horny matter, placed between two papillæ, and pierced by holes for the transmission of sudorific ducts, some of which are seen (*h*), like threads, penetrating the infundibula of the chorion.—*l*, Large septum, higher than the preceding one, received in the furrows of the derma.—*J*, external surface of the derma.—*k*, Prominent lines, surmounted by papillæ, generally in pairs, between which the openings are perceived, whence the sudorific ducts pass out, and the inhaling vessels enter.—*m*, Furrows of the chorion, where the excretory ducts of the horny matter open.—*N*, Internal surface of the chorion pierced by holes for the transmission of bloodvessels, nerves, glands, and lymphatic vessels.—*o*, Layer of fat lying beneath the chorion.

FIG. 2.—*The Apparatus which constitutes the Sense of Touch in Man.*

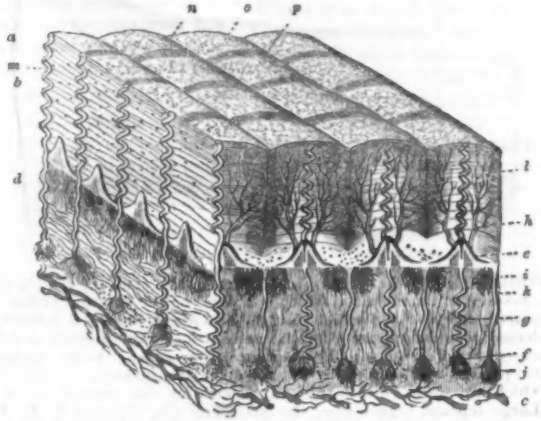
a, Nerve penetrating the chorion where it becomes capillary.—*b*, Its entrance into the papilla.—*c*, The neurilema furnished by the dermis.—*d*, The special envelope of the nerve.—*e*, Layer, varying in thickness, of horny matter, the protecting organ.

FIG. 3.—*Organs of secreting Colouring Matter (Chromatogenic Organ).*



Torn in two places, *b* and *c*, to show the exit of scales formed there, and the filiform vessels which compose that organ.—*d*, Small excretory ducts which tear when the horny matter is removed.—*e*, Secretory organ of mucus which it pours over the chromatogenic organ.—*f*, Fluid state of the horny matter (*crete mucous*), i. e. pigmentum, or scales floating in the midst of mucus.—*g*, Layers of horny matter, stratified to the right and left, like the web of a feather, and being more condensed as they approach the exterior.

FIG. 4.—*Composition of a Synthetic Figure or Scheme of the Human Skin.*



a, Chorion.—*b*, Horny epidermic matter.—*c*, Vessels and nerves entering or quitting the chorion.—*d*, Interval filled up by capillary filaments.—*e*, Nervous papillæ.—*f*, Sudorific organ.—*g*, Its excretory spiral duct, which traverses the chorion, passes beyond the papillæ, and opens in a pore of the epidermis.—*h*, inhaling vessels arising in the exterior layer of the horny matter, branching and anastomosing before they pass through the chorion, by holes which also transmit the spirals of the sudorific organ.—*i*, Chromatogenic organ, or the secretor of the scales. Only a section is seen, because it is prolonged in the direction of the furrows. Its excretory canals open in the furrows, between two rows of papillæ.—*j*, Organ secreting mucus.—*k*, Its excretory canal, which terminates in the furrows of the chorion, between the papillæ. There the mucus, mixed with scales, at first fluid, solidifies in successive layers to the right and left, as is seen in a section of the skin made across the furrows (*l*); but in the longitudinal section (*m*) these layers present series of straight lines, superposed like leaves. It is in this way that the horny matter is decomposed by maceration. The outer surface of the epidermis presents furrows (*n*) corresponding to those of the chorion and prominent papillary lines (*o*), separated by transverse fissures (*p*), at the bottom of which are the pores of the sudorific ducts.

pieces of anatomical investigation lately published. It is generally felt that an anatomical examination of the skin with the microscope in the various tribes of animals, and a comparison of its progressive development, and different parts and modifications, would prove a fertile field to the industrious observer. Yet from the various works *ex cathedra* on anatomy now in the hands of students, it would appear

that our knowledge of the human skin was quite complete. The cutis vera, the rete mucosum, and the epidermis, explain the whole matter. To apply, however, a phrase of Tenon, when it was contended half a century ago in Paris that anatomy was perfectly understood, and no longer claimed the attention of the Academy,—"Voila ce qui prouve que l'anatomie n'est pas aussi avancée qu'on le croit à l'Academie des Sciences." Here is a proof that anatomy is not a science quite so complete as some transcendent anatomists at the College of Surgeons and a few "recognised" teachers seem to imagine. Let us not be misunderstood. Topographical anatomy—the forms and relations of bones, muscles, bloodvessels; the mystic folds of the peritoneum, and the names of every eminence, depression, or foramen, in the brain or other viscera, are, we believe, as well taught in the London and Dublin schools of anatomy as in any other schools whatsoever; the deficiency is in minute structural anatomy: the teachers should have microscopes and proper instruments for showing the intimate tissues of organs, and examining the discoveries of Gall, Magendie, Kiernan, and those about to be detailed. We proceed to give a complete analysis of this interesting memoir.

The external tegumentary envelope is, according to the authors of the memoir, composed, in the vertebrated classes, of

I. *Essential and Constant Parts, investigated in the present Memoir.*

1. A primary organ forming the tissue and the basis of all the other parts; the derma.

2. *Organs of sensation:* Neurothelous apparatus.* (*Nervous papillæ.*)

3. *Organs of exhalation:* Diapnogenous apparatus.† (Sudoriferous or hidroferous ‡ ducts.)

4. *Organs of inhalation.* (Inhalent or absorbent vessels.)

5. Organs which produce the horny matter. (Blennogenous § apparatus.)

6. Organs which produce the colouring matter. (Chromatogenous apparatus.)

II. *Accessory Parts.*

1. Hairs, bristles, wool, &c.

2. Prickles, horns, scales, feathers, nails, hoofs.

3. Mucous, adipose, sebaceous follicles, &c.

The skin consists of two principal layers, 1. the derma (*chorion*), and 2. the epidermis, indifferently denominated horny matter, horny tissue, or epidermic layers. After examining the skin all over the body, the heel was selected as the part which offered the greatest facilities for its study. A square piece of skin was detached from the heel, and then plunged in hot water, or macerated, to separate more readily the epidermis adhering to its external surface.

The Derma (cutis vera, chorion).

The derma is situate in the deepest part of the skin, between the horny epidermic matter and a layer of fat, interlaced with ligamentous fibres. It is white, although readily coloured by injections and cadaveric transudations. The rosy colour of the skin, however, shows that in certain individuals, and certain parts of the body, the derma is constantly coloured by the injected bloodvessels, for it never participates in the varied colours of the epidermic tissue. Firm, dense, elastic, it can scarcely be torn. It has the form of a membrane moulded over all the surface of the body; its internal surface is formed by a net work of lamellæ, or fibrous and ligamentous filaments, at first coarsely interlaced, then growing finer and closer, in proportion as they approach the external surface, so as to form a firm solid web which constitutes the derma, properly so called. When the fat and the ligamentous fibres are removed, it is easy to discover the nerves and vessels which penetrate and spread in the interstices of the dermic tissue, or in the small oblique orifices by which it is perforated.

The external surface is raised in conical eminences, symmetrically arranged in straight lines, or slightly curved and separated by furrows which follow the same direction. Each ridge is divided transversely by small fissures, at the bottom of which a hole is perceived.

* *νεῦρον*, nerve—*θηλὴ*, nipple. Mammellated nervous tissue.

† *διαπνοὴ*, transpiration, perspiration.

‡ *ἱδρὼς*, sudor, sweat.

§ *βλέννα, μύξα*, mucus, tumour, mucosus.

Neurothelous apparatus or Papillæ.

It is well known that the nervous filaments coming from the different nervous branches, distribute themselves through the subcutaneous cellular tissue, and subdivide *ad infinitum* in approaching the derma. With a little perseverance they may be dissected up to that membrane, where they are ordinarily lost by reason of their great tenuity and the opacity of the tissue. It would be impossible to distinguish the nerves in the midst of the vasculo-dermic network if the point at which they enter were not clearly distinguished, for their oblique direction renders it impossible even in the most fortunate dissection to avoid one or several solutions of continuity. With a little practice, however, it is possible to distinguish and isolate (between the excretory ducts) very thin bundles of nervous threads, passing towards and entering the base of the papillæ. These stems are arranged in continuous series, usually bifid or trifid, separated transversely by an interval for the transmission of the sudoriferous canals; and longitudinally by furrows, where the horny matter escapes; they have the form of small cones, whose base spreads in the derma, while the summit is rounded. Each stem penetrates the horny matter, as a sword does its sheath, whence it comes that the internal surface of the epidermis exactly represents by its symmetrical depressions the numbers and arrangement of the papillæ. The papillæ are placed obliquely and slightly reclined in the epidermis. Each papilla is supplied with at least two bloodvessels, which anastomose, and in the centre of the neurilema there appears a whitish pulsy matter. In the magnified papilla of a fresh whale the nerve presented slight, undulating striæ, which go from the base, become less distinct, and as it were misty or confused, as they approach the terminal enlargement, where they seem to unite in concentric semicircles. MM. Breschet and Vauzème have carefully examined the papillæ on the ox's tongue, and, finding them covered with a horny sheath, infer that they are organs of touch, and that neither here nor in the human tongue they are adapted to the perception of taste; a conclusion which is corroborated by the existence in their intervals of papillæ supplied with nerves, and analogous to those in the skin.

The nerves supplying the skin may be examined in three states; (1) in the subcutaneous layer, where they do not differ from the other nerves coming from the spinal marrow; (2) within the derma, where they become soft, winding, capillary; (3) finally, on the external surface of the derma, where they are transformed into symmetrical papillæ.

The organ of touch is formed; *A. Of one principal part*; (1) the tactile nerve, terminating in a rounded point. *B. Of accessory and protecting parts*; (2) the derma enclosing the nerve; (3) the papillary neurilema furnished by the derma; (4) a peculiar sheath of horny tissue, modified, the protecting part of the organ; (5) a thin layer of epidermis, covering the sheath of the papilla, and indispensable to the exercise of touch.

If one of these parts fails, or undergoes certain modifications, touch is rendered impossible. It is evident that the derma, the neurilema, the proper epidermic sheath, are that to the *tactile nerves* which the complicated apparatus of vision and audition are to the optic and acoustic nerves.

The *tactile nerve* undergoes in the derma changes of structure, — metamorphoses analogous to those which the optic and acoustic nerves pass through in entering the eye and ear, with this difference, that these two nerves remain in deep cavities, where the light and sound penetrate spontaneously, while the tactile nerve appears externally to anticipate, as it were, the impression. The epidermis may be cut with impunity, but acute pain is excited if a papilla is touched. When the epidermis is removed, the mere action of the air on the papillæ is painful.

Touch is a sense ministered to by thousands of organs, all communicating by means of a network, or nervous plexus, stretched all over the surface of the body, from one papilla to another. This harmonic chain very well explains the general sympathetic phenomena manifested by the skin. It is the nervous subdermic *interlacement*, a lateral communication of all the papillæ—in a word, the organ of touch,

fixed in the skin, which renders it the most sensitive portion of the body.*

The Diapnogenous Apparatus.—Sudoriferous or Hidroferous Ducts.

This organ occupies the entire thickness of the skin, from the interior of the derma to the most superficial layer of the epidermis, where it opens. It is composed of a parenchyma for secretion, and of an excretory duct. The parenchyma is within the derma, surrounded by the numerous capillaries attached to it. It has the form of a bag a little swollen, whence a spiral duct proceeds through the derma, and opens in the infundibulum, or transverse fissure between the papillæ: thence it passes obliquely through the horny layers, in a corkscrew form, to the outside of the epidermis, where its termination is indicated by the slight depression, or sort of pore, observed on the epidermic ridges.

This duct, seen across the epidermis, is round; its structure very much resembles that of the horny tissue, from which it is distinguished with difficulty. Through the spiral arrangement, its external opening is very oblique, and almost parallel with the plane of the skin; this opening is shut by the application of the superior and inferior sides of the tube against each other. On examining the escape of the perspiration, the first little drop is preceded by an elevation of the epidermis, as if it were a valve. If on a piece of skin properly prepared by maceration or soaking in hot water, the epidermis be separated from the derma, the excretory canals may be seen with the naked eye, drawn out like *the threads* of a spider's web; these are the spiral ducts unrolled. This spiral arrangement of the sudoriferous ducts in man is remarkable: it explains the reason why the epidermis, evidently perforated for the transmission of a secretion, has appeared imperforate.

If after having cut the epidermic layer *en dedolant*, and without reaching the papillæ, it be pressed between the fingers, drops exude through the fissures corresponding to the infundibulum of the papillæ, namely, in the direction of the sudoriferous duct. The following, again, is an experiment which proves that these spirals are ducts: if a little mercury be introduced into a hole made under the epidermis, parallel to the surface of the skin, and a thin layer of epidermis be shaved off with a knife, the mercury when pressed will escape through the superposed pores. The manner in which the sweat escapes through the pores of the hands and fingers, is, however, the strongest proof of this fact; and may be observed every day with the naked eye or a small microscope. In the whale, the exit of the fluid from the sudoriferous ducts was preceded by the raising of a small epidermic valve.

The exhalent vessels, of which almost everybody speaks, were very imperfectly, indeed scarcely at all known, before the publication of this memoir. Hunter, Bichat, and Chaussier, suspected that the elastic filaments seen on raising the epidermis were absorbent and exhalent vessels; Gaultier seems to have imperfectly seen the ducts; Eichhorn* represents them as straight; he was well acquainted with their function, but only followed them to the papillæ. In 1717 Lieuwenhoek announced that he had discovered the pores of the skin; but an imagination of the utmost complacency can scarcely admit the existence of 14,400 openings in a square line of the skin: accordingly Blumenbach and Eichhorn believe Lieuwenhoek was deceived. Monro perceived spiral vessels, and thought they were nerves; Fontana also mentions spirals, without intimating their character. Humboldt denies their vascular character. That accurate anatomist G. Prochaska admits several orders of vessels in the skin; two of which are evidently the exhalents or sudoriferous ducts now described by MM. Breschet and Vauzème. "In vola manus," says Prochaska, "planta pedis et apicibus digitorum illud rete densius est, ex quo pari ratione vascula tenuissima papillas cutaneas petunt. Papillæ hæ conicæ in lineas spirales dispositæ sunt, ut ita in quavis linea duplex series

* The authors have, in some of their views here, been clearly anticipated by their talented and persecuted countryman Raspail.—See Nouveau Systeme, Tissu Cornée.

* Mémoire sur les exhalations qui se font par la peau, et sur les voies par lesquelles elles ont lieu.—Archiv. de Meckel.

papillarum habeatur, inter quas exigui hiatus aut interstitia observantur, parvis osculis in epidermide visibilibus respondentes, quibus, cum manus sudat sudoris guttulæ insidere observamus.* He observes that these cannot be the termination of arteries. Albinus, Meckel, Cruikshank, Seiler, Beclard, Humboldt (with a microscope that magnified 312,400), could not detect pores in the skin. Blumenbach, J. F. Meckel, Rudolphi, Heusinger, deny the existence of pores, and declare them unnecessary. The celebrated zootomist Delle Chiaje says that there are no pores in the epidermis ("Ed è in realtà la stessa epidermide non pertugiata, &c.) Dr. Wends, and Professor Purkinje † of Breslau, alone can contest the honour of discovering the spiral sudoriferous vessels with Breschet; and according to Retzius, professor of anatomy in Stockholm, who saw the preparations and drawings of both, the researches appear to have been quite independent; Breschet's was prepared first, but the German anticipated him by presenting his preparations to the Society of German medical men and natural philosophers in the autumn of 1833. Breschet's paper was read Jan. 27, 1834. Breschet's account of the entire organ, particularly the little reservoir or gland, is the most complete.

ORGANS OF INHALATION.

The inhaling vessels are ramified in the form of isolated radicles, under the most superficial layer of the epidermis, and after anastomosing several times, penetrate the derma by the infundibulum of the papillæ, near the sudoriferous ducts. All these vascular trunks, symmetrically arranged in the interstitial fissures, which they traverse, communicate in the derma, below the papillæ, with vessels forming a common plexus, lying at right angles with the furrows. In spite of all their efforts, MM. Breschet and Vauzème state that they saw this termination of the epidermic inhalents but a few times; and although they certainly saw them clearly and distinctly enough to represent them, their observation must be taken *salvo errore*.

To see the entrance of these vessels into the derma, the epidermis must be slightly raised, as in studying the sudoriferous ducts. Then with the help of a glass, all the hidroferous vessels are seen to be accompanied by an inhalent vessel, and these parts are intimately united near the derma. The inhalent vessel soon separates from the other, and the sudoriferous duct enters the epidermis in the inter-papillary septum, while the inhalent vessel diverges from the side of the septum, more in relief, which corresponds to the furrows of the derma. The difference between these two organs is immediately recognised on examining them with the microscope: the sudoriferous canal is larger, covered with small imbricated laminæ, soft, serpentine, elastic; the inhalent vessel is smooth, silvery, straight, or slightly curved, traversed by a central canal imperfectly interrupted by small septa.

Not having been able to see the exact origin of the lymphatics in the skin, they think absorption takes place by the previous imbibition of the horny tissue. They followed the hidroferous ducts to external orifices, but this they could not do with the inhalents. These vessels, studied with the greatest care and protracted attention, appeared continuous on one side, with an inextricable plexus of vessels like themselves. To a termination on the outside of the skin, they never succeeded in following them; and with regard to those whose extremities they perceived in the substance of the horny matter constituting the corpus mucosum, they could never determine whether they terminated by an opening, or were imperforate and in cul-de-sac. Their frequent arrangement in anastomotic loops, appears to show that they do not end with an open mouth.

The authors of the memoir have examined in considerable detail the nature of the cuticular lymphatics, but as their researches here possess less of novelty, and only confirm those of Lauth,* Fohman,†

* Disquisitio anatomico-physiologica etc. Viennæ, 1812.

† De Epidermide Humanâ.

* Essai sur les Vaisseaux Lymphatiques. Strasb. 1824.

† Memoire sur les Vaisseaux Lymph. de la Peau, &c. 1833.

and Panizza,* we can only refer to their engraved illustrations, which are highly interesting. The lymphatics of the *glans penis*, and the groin of a child, are admirably represented.

BLENNOGENOUS APPARATUS, OR SECRETOR OF THE MUCOUS MATTER.

In order to study this apparatus well, it is essential to procure a fresh skin injected with blood. When the derma is naturally white, either from the effect of maceration in water or in alcohol, nothing can be distinguished.

They at first called this apparatus keratogenous, or generator of horny matter; but having afterwards discovered that this matter was primitively a mucus,—the same both in its nature and in its mode of production, on the skin and on the *mucous* membranes,—they preferred designating these organs under the title of "blennogenous." The mucous *matter* of the skin soon unites, after secretion, with coloured matter, whence result the different colours of horn, hair, scales, feathers, &c. In examining the skin from within outwards, they found,

1st. In the derma:—

1. A *blennogenous organ* composed of a secretory gland, and of an excretory duct for the passage of the secretion, or mucus, becoming horny matter by desiccation.

2. A *chromatogenous* organ, consisting of a secretory parenchyma, and ducts excreting the product of secretion (corpuscules squamiformes).

2nd. Exterior to the derma, and the result as it were of the mixture of the two secretions,

1. The horny matter, or epidermis.
2. Hair, fur, feathers, horns, hoofs, &c.

1. *Blennogenous Organ.*

At the base of the derma, small reddish glands are perceived, which, examined with the microscope, or a simple magnifying glass, appear knotted, unequal, furrowed by bloodvessels. They are surrounded by a loose cellular membrane, in an atmosphere of small fatty vesicles, transparent, and strung like snail pearls. From the top of each of these glands, a duct or tube proceeds, which traverses the entire thickness of the derma, and opens at the bottom of the furrows observed on its surface. This duct is enveloped by a diaphonous cellular membrane prolonged from the gland. Vessels, or capillary filaments, are seen adhering to the tube, and to the glandular organ, in the base of which they often remarked a considerable vessel entering. The ducts generally form a regular colonnade in the substance of the derma. Sometimes the glands are placed at unequal heights, and appear to communicate by intermediate vessels. The rows of excretory ducts correspond with the furrows; they are perpendicular to the plane of the parenchyma secreting the colouring matter.

2. *Chromatogenous Organ.*

This is placed in the external portion of the derma in the bottom of the furrows, under and between the papillary ridges. Superiorly it is covered with a great number of short secretory tubes, which open at the bottom of the furrows, where innumerable mouths secrete a peculiar matter. Capillary vessels render the inferior surface rough, which is in relation with the excretory ducts of the blennogenous glands.

Its structure is areolar, spongy, firm. The parenchyma and its excretory ducts are reddened very readily, because they are essentially vascular; they form a boundary which, in its regular condition, the arterial system never passes, and where it ceases to exist in furnishing its last tribute. When this tissue is torn, an innumerable amount of small filaments appear, from which scales or colourless corpuscles escape in great quantity. This reservoir of scales exists no where else in the derma. We may then regard this parenchymato-glandular tissue as a special organ formed of a peculiar substance, in which capillary bloodvessels enter, and whence excretory canals proceed, which, ending at the same spot as those of the blennogenous glands, pour into their mucus the granulations of pigment, or the colouring matter.

3. *Excreted Products.*

These products constitute the *epidermis* or the *horny matter*.

* Ricerche Anatomio-fisiologiche sulla Cuticola e sulle Membrane Mucose. Pavia, 1830.

The inferior surface of this layer presents inequalities which represent the exterior form of the derma, on which the epidermis is moulded. There are two septa, the one most prominent, or dermic, fills the furrows of the derma, and adheres there by prolongations, issuing from the excretory ducts. Here the horny matter is renewed. The other septum, called by Breschet inter-papillary, lies in the interval left by the bifid papillæ, and is prolonged into the infundibuliform depression round the sudoriferous and inhalent ducts. Externally the epidermic ridges are imbricated.

After studying the *epidermic tissue* in the whale, where its parts exist on a magnified scale, they proceeded to the study of the horny matter in the human skin. Placing in a little water an external part of the epidermis, and separating its fragments with the point of the scalpel, they found in the midst of the debris of ducts and inhalent vessels an infinity of corpuscles apparently morphous, because the violence employed in their extraction often divides them, or leaves two or three united together. The general form of these scales may be reduced to that of an irregular trapezius; they are streaked, white, transparent, and imbricated, placed on a very thin areolar canvass. The scales are the product of the chromatogenous organ, the pellucid network which supports them—the mucus, no longer amorphous, is the product of the glandular blennogenous organ.

The horny matter at first secretes mucus and fluid, is moulded, layer by layer, around the papillæ, envelops and protects the sudoriferous canals and inhalent vessels, growing denser as it becomes external. To trace its development, a small portion of skin should be taken from the heel, macerated in water, and cut across the furrows. Layers of horny matter will be seen proceeding from the centre of the furrow as from a common stem, and spreading to the right and left over the papillary ridges.

The horny tissue in the negro is everywhere black, except in the palms of the hand, and the soles of the feet, which last, however, present some shades of colour. The structure in the black parts is the same as in the white race, but the scales are rounded at the end like a spatula, and coloured on the free edge as in the whale. Their form in the heel, which is white, is irregularly polygonal; there they are colourless. Examined with the microscope, the skin of the negro's body does not appear entirely black, as to the naked eye; the colouring matter formed around the papillæ in the furrows circumscribes them, forming areolæ, of which the centre appears white, because the white nervous tissue is seen through the transparent epidermis.

From an examination of the skin in other vertebrated animals, it is inferred that the epidermis, consisting of mucus and coloured scales, is the same in the whole of this department of the animal kingdom. The epidermis of the whale being more easily examined, was first studied, and suggested the views MM. Breschet and Vauzème now hold of the epidermic texture. The epidermis of the whale, seen by the naked eye, seems composed of perpendicular and horizontal fibres interlaced. The perpendicular fibre is composed of a series of small scales or depressed cones, black in their upper third, inserted one in the other, and successively developed by the consolidation of the subjacent glandular secretion. A knowledge of the origin, the development, and the structure of the elementary horny fibre, has enabled the writers to explain satisfactorily all the various forms presented by the epidermic tissue.

Synthetic Composition of the Skin.

The skin consists of a very complex apparatus. 1st. The blood poured by the arterial capillaries into the parenchyma secreting the sweat, and taken up by the veins, abandons, as a product, the fluid perspired in a liquid or a gaseous form; 2nd. The inhalents, imbibing at the surface of the derma, or within the epidermis, foreign fluids, molecules of decomposition, to pour them into the lymphatic vessels and veins; 3rd. Nerves, placed at the periphery of the body as sentinels, receiving tactile impressions; 4th. Horny matter — the epidermis — secreted and moulded round the papillæ and ducts, an organ of touch, defence, and ornament,

and more especially an hygrometric body, which is penetrated to an extent varying with its density, by the surrounding fluids, and thus becomes one of the first organs of absorption or imbibition, which it regulates; 5th. The derma, of which an accurate idea may now be formed, sustaining, isolating, and protecting the fragile instruments of its multiplex functions.

Rete Mucosum—Corpus Reticulare of Malpighi.

These terms are generally misunderstood by anatomists, according to Breschet. The horny matter is, as we have seen, secreted fluid; in its nature it is identical with the hardest form of horny matter; it progressively grows harder as it is raised, layer by layer, from the place of its origin. The scarious wings of butterflies are, in the chrysalis, but small mucous points; it is the transition from the fluid to the solid state which, in man, has been considered a peculiar substance,—the *pigmentum* and *rete mucosum* of Malpighi, compared, relatively to the epidermis, to wax recently melted, the half of which remains liquid, while the rest is solidified by the external cold. Malpighi called this *corpus reticulare*, which subsequent anatomists named *corpus glutinosum Malpighianum*, and several authors have been so far misled by this circumstance, as to consider the *corpus reticulare* a net-work of vessels.

Organs which secrete the Colouring Matter (Chromatogenous Organs).

The *rete mucosum* has been considered the seat of the colouring matter, which, secreted by the pretended vascular plexus or net-work, remained as a semi-fluid deposit; but the analysis of the horny tissue and the knowledge of its mode of production, have induced Breschet and Vauzème to offer another theory of the colour of the skin. They observed that, according as the skin was black or white, the free edge of the scales was also spotted black or white. The pedicle of the scale, and the cellular *canvass* on which it is inserted, always remained white, as did all the other accidental elements of the epidermis. In the scales then alone the colour exists. They naturally compared this condition of the horny tissue with the wings of the lepidoptera, and found a striking resemblance between them, for the wings are themselves an epidermic secretion. The coloured pediculate wings of butterflies are inserted on a sort of central line, whence it was inferred that the fine *rete* to which the scales of the human skin adhere, also contains ducts belonging to the scales, as is evident in the whale.

Having examined several flowers with the microscope, they found that their beautiful and varied colours were an inlaid work of little sacs, varying in form and colour, according to the species; the petal of a rose is paved with utriculi of one colour; the primrose with irregular polygonal scales; in the violet the utriculi are raised; in the stock gilliflower they are imbricated, &c. &c.

How is the colour produced? M. Breschet thinks that the scale or utriculus is certainly connected with this phenomenon. If the negro and the cetacea with black skins have scales of one identical form, Europeans uniformly have another, namely, trapezoid. The form of the scale or utriculus may have a specific action in decomposing light, or, as the scale by means of its pedicle probably communicates with a secreting organ, and is nourished by a circulating fluid, it may secrete a colouring matter, in the same manner as the utriculi of flowers. The hair, as is well known, dries and falls off in sickness.

If, say the authors, as we presume, the scales of the negroes' skin differ from those of the white, and if the difference of form produces a difference of colour, this peculiarity of organization in the two races will perhaps explain the difference of colour, without recurring to the influence of the sun. This luminary may burn the skin and render it more or less dark, but it cannot change the primitive type of beings. The negro is absolutely black for precisely the same reason as the European is white. They are, to a certain extent, justified in adding,—"Si nous ne sommes pas dans l'erreur, l'anatomie du système cutané vient d'être refaite en entier par nous." Their experiments and observations should, nevertheless, be carefully repeated by British anatomists.

THE LANCET.

London, Saturday, September 19, 1835.

THE introduction of the "Lectures-Publication Bill" into the House of Commons has furnished an opportunity to the base hirelings of the medical press for attempting to mystify the grounds on which lectures have been published, without consent, in the pages of THE LANCET. The subject, as has been proved by the experience of the last twelve years, is one of vast importance, not only to the medical profession, but to the whole community of the country. It is one, therefore, which should be discussed with the utmost freedom. It is one regarding which no fact should be withheld from the public view. There cannot, indeed, be mooted a question of more importance relating to the public health, or to the maintenance of the interests of medical science.

The revolution which has taken place in public opinion on this matter, may be easily understood from what has just transpired in Parliament. A Bill has passed the two Houses to protect private lecturers in their vocation, — on the propriety of affording such protection, if it do not already exist, there was never a dissentient voice,—and yet not one man in either House of Parliament,—not one friend or relation of the monopolists and corruptionists in our colleges and hospitals, had the temerity to rise from his seat and contend that a similar protection should be afforded to the *public* servant who delivers his discourses *in any public institution, or on any public foundation*. Only twelve years since, however, what a hubbub was there created when the practice of publishing the lectures of hospital teachers was first commenced by THE LANCET! It was "piracy"—"scandalous literary robbery"—an "infamous invasion of private rights"—and, in short, every other species of "injustice." But we were not for a moment deterred from pursuing the course which we knew to be our duty. Abusive terms did not terrify us, and we disregarded slander; neither could the vast powers of a Court of Chancery shake the determination of our purpose. We proceeded, and the fruits of our resolution are now before the profession and the public.

Never was it difficult to perceive that the private lecturer maintained a position wholly distinct from that of the public teacher. At the same time the fact was not withheld from our view, that the whole system of teaching, that is, of *lecturing*, to large classes of gentlemen, owed its origin, and still owes its present existence, either to folly or to fraud. Who would think of lecturing a blind man, or a blind boy, into a knowledge of the theory and practice of medicine? And yet the system which is pursued in the hospitals and schools is, to treat the eyes as though they were useless, or merely set in the head as ornaments. Eternally is the sound of *words* striking upon the ears of medical students, and *facts* are spoken of a thousand times without being once seen; whereas if the *sight* were but employed, as it ought to be, the *ears* in our medical schools would hold sinecure offices.

But the "LECTURES." Oh, they are so "valuable!" They exhibit such a profundity of "research;" such bright flashes of "genius!" "Never was a more unprincipled robbery committed than to "publish, without consent, discourses of "such inestimable value!" Ah! Who cannot now detect the fraud and falsehood of such language? Let us test the worth and accuracy of these exclamations by asking one question. If the lectures be so valuable as they are stated to be, and reflect so much credit on their authors, why have they not been published by the lec-

turers themselves? It would be too much to say that those gentlemen are deterred by feelings of diffidence and modesty. It would not be correct to state that they have no *penchant* for lucre. Still they publish *orally* only,—in the lecture rooms. Hence we ask another question,—What courses of lectures had been published by the lecturers themselves, down to the autumn of 1823, when the first number of THE LANCET was printed? From what we know of medical lecturers, we can say, truly enough, that they are as vain as other men,—as solicitous of obtaining approbation, and, sometimes, at the expense of virtues which ought not to be so abused. If we view the conduct of such persons when they hold the combined offices of lecturers in the theatres, and of Councillors in the Colleges, we shall see, plainly enough, from the regulations and by-laws which they have framed for their own pecuniary advantage, that they have no very high-minded disregard of wealth. Whence this clamour, then, about the publication of lectures? In answering the question, and in showing *why* the clamour is raised, the question is necessarily answered at the same time,—From whom does the clamour proceed? Misrepresentations have been carried so far on this subject, that the truth ought not to be any longer concealed. We make the statement unwillingly, but it is forced from us. How do we answer the question? Why thus. The lecturers are themselves the real plunderers; *they* are the actual pirates; and it is to conceal the robberies which *they* commit on authors who have published elaborate and systematic works, that they call,—as individuals of a certain class in the streets of this metropolis would call for the suppression of the police,—for "the *suppression* of the publication of lectures."

Clearly, therefore, the dread of publicity operates upon the minds, or, more correctly speaking, upon the feelings, of those teachers who have not a single qualification which is capable of sustaining them in the offices which they have contrived to obtain either by purchase or intrigue. The objection, therefore, to the publication of lectures, must always come from that class of teachers who have nothing whatever of their own to communicate, but who compound their ill-arranged and ill-digested discourses, out of valuable and well-sustained works, which, it would appear from the messes they concoct from them, they do not understand. Although some of our hospitals have existed for nearly a thousand years, yet their medical officers had produced no lectures for publication even when we were twenty-three years advanced in the nineteenth century. If those officers had talents, the privacy of the system was destructive of their energies. Publicity is at once the natural stimulus and the reward of genius, but it is an ordeal which fraud, falsehood, and imbecility, can ill endure. Few persons except the interested parties can discover that the practice of publishing lectures shakes the whole ticket-system to its very foundation. It is tottering at this moment, and another year may not elapse without our witnessing its complete downfall. Never was there devised a system so thoroughly calculated to defeat the object which its promoters profess to have in view,—that of conveying to medical students a knowledge of their profession. Are the principles of medical science ever varying, that each lecturer must issue a set of his own, founded on his individual discoveries forsooth? Are the facts which lead us to a knowledge of correct principles in medicine, ever mutative and unsteady? No. But lecturers appear to regard change and accumulation as synonymous terms; and, therefore, without paying due respect, or, in short, any respect, to the records of history, to what is

actually in existence, take almost every new fact which is presented in medicine, as the foundation for establishing a new principle. If each human body exhibited an entirely new system of structure,—if each plant in botany furnished a structure and exhibited functions totally distinct from those of all other plants,—if each vegetable production used as medicine varied in its operation with the whims of the prescriber,—if the products of our minerals could not be prescribed with any certainty as to results,—then, indeed, every lecturer of ordinary industry, every man of common tact and observation in the profession, might publish a book of facts, in every page of which something might be found both new and useful. But at present, unless in the discourses of our first-rate men, we search in vain for matters of novelty and utility. The lectures therefore, which are delivered, are piracies upon piracies, copies upon copies, to the end of the system. There are men in this town who have been engaged in the duties of "teaching" for ten, fifteen, and twenty years, and yet not one new fact have they attempted to communicate to the profession or the public. These are your brawlers for "suppression." The press detects their robberies. Hence they hate it, and dread every man who conducts it honestly.

But is it not a gross injustice on the part of our colleges and companies to compel medical students to pay for discourses at the rate of three, four, and five guineas a set, when the materials of which they are composed are to be found a thousand times better arranged and displayed in an octavo volume purchasable at a charge of not more than ten or twelve shillings? The *book* may be consulted at any time. It is ever at hand, ever instructive; it conveys in the best form the accumulated facts of several preceding ages, furnishes the necessary analogies and the requisite analyses, and fortifies, by its systematic arrangement of valuable matter collected from actual observation, those sound and unerring principles which cannot mislead in the practical application of the science of medicine to the wants and the claims of disease. What, we would ask, is the value of the chatter, the clatter, of a lecture room, when thrown into the scale against so many solid advantages? If the student take notes, it is always feared that "he'll *prent* 'em." Hence that movement is viewed with dread and suspicion. But, unpractised as he must be in note-taking, his memoranda may yet tend to entangle the subjects of a discourse which had previously defied every effort at arrangement. Besides, the students, by the vile regulations of our public institutions, are required to attend from four to eight or nine of these discourses daily! To hear eight or nine hours of nonsensical clatter! To pay heavily in money, too, for this dreadful punishment, and to submit also to that unredeemable sacrifice which the loss of so much time during the best years of a professional life, must inflict on them. There is no speaking of such a system with temper or patience. It is one entire mass of enormity, springing out of one of the vilest and most scandalous monopolies that ever disgraced a civilized country.

Place in contrast what has been said by those petty plunderers who contrive to keep out of the parish workhouses by selling their stolen rubbish in the privacy of the lecture room, with the consequences of publishing the lectures of men of original minds, industry, and great ability. The circumstances are well known; hence it is unnecessary that we should refer specially to particular individuals. The gain to many lecturers, from making their discourses public—the pecuniary gain—has been immense, and the reputation general; but the pettifogging miserable brawl-

ers who pretend that the publication of lectures is a violation of the rights of property, know, full well, that publicity in their own cases would lead to immediate disgrace and ruin. Having nothing of their own to communicate, they subsist by plundering the works of authors of repute. The mess is presented in a manner which is capable of deceiving the ears of an inexperienced hearer; but were the orations committed to print, the means of detecting the fraud would be readily furnished. Apply the principle of publicity to another profession. Let us see how it works *there*. Take the law, for example. If there be any dunderheaded blockheads who expect to obtain places of emolument or distinction through the influence of family or political connexions, such persons would necessarily be opposed to the publication of the proceedings in our courts of law. But take men of talent, of real ability, in those courts. What is *their* desire? Why, necessarily, that their forensic displays of sagacity and eloquence should be made known throughout all parts of the kingdom. Take, again, the senate. If a proposition were to be made in either house of Parliament for suppressing the publication of the speeches, from whom would it come, and by whom would it be supported? Why from the corrupt, —from parties who have business which they wish to conceal from the public view, and from those stupid personages who have it not in their power to utter half-a-dozen correctly-spoken sentences in succession.

Ability and honesty ever court publicity. When Sir ASTLEY COOPER was beset by the medical lecturers of this metropolis, in 1824,—by those cunning traders in stolen commodities,—what said the worthy baronet, while conversing with a professional acquaintance on the subject? "Why, you see," said he, "with regard to *myself*, I care nothing about it; but the other lecturers say that when it comes to their turn, they shan't be able to go on if the system is not put down, so that I am going to Chancery at their instigation. In order to serve them I am about to get myself into a devilish deal of trouble." However, by one prudent resolve, Sir ASTLEY avoided both "trouble" and the Court of Chancery. Mr. ABERNETHY, who was neither so wise nor so prudent, yielded to the entreaties of the hospital conspirators. *Their* battle was fought in the Court of Chancery under *his* name; *they* were defeated by the loss of the injunction, and Mr. ABERNETHY was discomfited by the loss of his reputation.

We shall break off here by asking the following question. What would be the effect on medical education and practice, and *on the conduct of the Examiners*, if the examination of candidates for the diplomas and licenses in our medical colleges and halls, were conducted publicly, in the presence of the press?

HOSPITAL REFORMS.

To the Editor of THE LANCET.

SIR,—Knowing your readiness to give publicity to anything which might benefit the lower classes of society, I take this opportunity of suggesting a trifling alteration in the management of the hospitals, which would render them almost invaluable. Having an ulcerated throat and violent pains in the head, I repaired to *St. Thomas's Hospital* on Thursday, in the hope that I might get advice and a little medicine, as I had not the means to pay for it, which is frequently the case with persons moving in the sphere of life in which I am. After waiting for the space of an hour, and actually fainting away in the surgery, one of the students asked me the nature of my complaint, and, upon satisfying him, he very coolly told me to call *on Monday at eleven*, and they would give me a little medicine. At this I retired, as well as I was able, and the thought struck me at the time, that it would be rendering a wonderful service to the community, if one of the many physi-

cians were to sit for the space of two hours each morning to give advice and a little medicine, to those persons who were in the unfortunate situation in which I was placed. I am, Sir, your obedient servant,

Sept. 12. H. Lee.

MR. KING.—THE CONCOURS.—THE COLLEGE.—THE LONDON UNIVERSITY.

To the Editor of The Lancet.

Sir,—In the abstract of my evidence before the Medical Committee, which appeared in the last number of The Lancet, one of my answers respecting the *concours* in Paris runs thus:—"At the time I was elected &c." It ought to be, "At the time I was elected *Interne to the Parisian Hospitals.*" My answer to question in paragraph 709, refers also to this appointment.

While on this subject I must express my satisfaction that you are beginning to advocate election by concours. Without this it matters little to those who have only merit and industry to recommend them, what reforms are effected, what institutions founded, or to what men, Tories, Whigs, or Radicals, the appointment of professors and medical officers is entrusted. Taking my own case, adverted to in the same evidence, am I not bound to acknowledge that it met with more justice from the Council of the Royal College of Surgeons than from that of the London University? The one had regard to facts, admitted me to examination, and recognised my lectures; from the other I, and I believe others, as candidates for professorships, in vain solicited to be confronted with our competitors in a fair public trial. I remain your obedient servant,

T. King.

Hanover-street, Sept. 16.

*** With all deference to Mr. King, we much doubt if two things more unlike than the admission to *an examination for a surgical diploma*, and the admission to *compete for a chair in a medical school*, were ever before compared. We cannot ourselves trace the slightest similitude between the positions of two candidates so severally circumstanced. To draw, therefore, from such premises, conclusions in favour of the one close and corrupt body, to the disadvantage of the other close, but certainly not corrupt, body, is what we cannot regard to be correct as a process of reasoning. The Council by *their* concessions *allowed* Mr. King to pay two-and-twenty guineas for a piece of paper, the possession of which conferred on him no right or privilege of any description—nay, which procured for him forcible ejection from the very building in the coffers of which he had petitioned for *leave* to pay his money. The conductors of the London University, in the concession which was sought to be obtained from *them*, were solicited to grant to Mr. King the opportunity of deriving an income extending to what that gentleman probably estimates at nearly fifty times the sum which he handed over to the Examiners of the College. How, then, to rank the concession of the Council as "more just" than the refusal of the University we know not.

CHRIST'S HOSPITAL.

To the Editor of The Lancet.

Sir,—You have so repeatedly advocated the cause of the suffering boys at *Christ's Hospital*, that I make no apology for again intruding the subject on your notice, for I perceive a danger of their health being placed, at the new election for surgeon to that institution, under the care of some stripling of the school of St. Bartholomew's. Each surgeon of that hospital has his favourite pupil, and is always on the look-out to find him a stepping-stone to practice,—looking only to the welfare of his *protegé*, and totally forgetting that of the hundreds over whom he is to preside. Where would a Lloyd have been if he had not been so placed, and a Poynder supported him here through all emergencies? Would a Bennington have been known or heard of if a Lawrence had not recommended him on a voyage of experiment to Hertford? The latter *protegé* now offers himself to be the resident medical officer for the town establishment. Then I am told, also, that Mr. Stanley has his favourite youth. The Treasurer of St. Bartholomew's lends his interest to another youth, in return for friendship experienced at his father's hands, when there was some talk about "large balances" in the coffers of that treasurer. Mr. Lloyd, too, most probably can recommend a pupil of his; but surely such tyros ought not to be suffered to become candidates for an office which should only be filled by some gentleman of established character and reputation in the profession.

I congratulate the boys on the resignation of their late venerable apothecary. The step was rather sudden at last, but some complaints, it is said, were made by the parents of a boy who died soon after he was taken home,—taken *home*, because the father was not satisfied with the opinion of the old gentleman, "that nothing was the matter with him." I am, Sir, your obedient servant,

A PARENT OF A BLUE.

London, Sept. 14th, 1835.

MR. ROBERTS AND DR. CLANNY.

To the Editor of THE LANCET.

SIR,—As you have inserted Dr. Clanny's accusation against me,—an accusation which, if true, ought to exclude me from the society of all honourable men,—I feel assured, from your invariable justice and liberality, that you will give me, if I am able, the opportunity of refuting it. In doing so I wish to be as brief as the subject will allow, and therefore beg to place before you and your readers a clear statement of what passed at the London University on the occasion referred to by Dr. Clanny, and with it the evidence by which its truth is supported. For it certainly appears that Dr. Clanny is, on this subject, labouring under a lamentable state of mental delusion. His accusation against me, which I beg leave to give in his own words, that he may have no cause to complain of misrepresentation, is—that "I had, in a very dexterous manner, when trimming his lamp, changed the wire, substituting a piece of remarkably thick wire for a piece which was of the finest texture." He calls it "a trick," and asserts "that I at last confessed having changed this wire." He (Dr. Clanny) further states, that "he was indignant at such a trick being performed, and expressed himself so in no measured terms, and refused to permit Mr. Pereira to experiment upon, or me to trim, his lamp a second time." To this he adds, "in which *decision* he had the *sanction* of the *Hon. Chairman* and several other gentlemen present." He also says, in his second letter, that "I stated at the same time, as an apology, that the wire which I had found across his lamp had accidentally broken in my hand, when I was supplying cotton and oil to the said lamp;" and he actually puts this sentence in inverted commas, as if it contained the identical words used by me. The facts are these:—Dr. Clanny brought the lamp in question untrimmed, and as it will appear, unfurnished with any piece of wire, to the London University. It is true he made a request to me to trim his lamp, whilst I was engaged in Dr. Turner's laboratory trimming my own lamp, but I promised to trim his as soon as I had an opportunity, which I accordingly did. When I took up Dr. Clanny's lamp I found no wire in it, but I found a piece of wire on the table by the side of it, brought by Mr. Pease, which I naturally thought was intended for the purpose to which I then applied it, as there was no other wire that I saw in the room. I therefore placed it in Dr. Clanny's lamp, which I had previously supplied with cotton and oil. Mr. Balmain, Dr. Turner's assistant, who was waiting for it, then took it from me to the lecture-table in the chemical theatre for trial. When Mr. Pereira had passed the flame through it, Dr. Clanny was evidently much annoyed, and on his taking it from Mr. Pereira, he immediately said that a wrong wire had been put into it, and charged me with having substituted that wire for the proper one. I instantly came forward, and stated that I had found no wire in the lamp, and that the piece then in it had been placed there by me—that I had found this wire, and it only, by the side of the lamp, and consequently considered that it was intended by Dr. Clanny for it. On this occurrence Mr. Pease left his seat, and came forward to the lecture-table to investigate this matter, which he did fully, and then stated publicly that his wire had been brought by *him* for *another lamp*, but which he had not mentioned to me. Dr. Clanny then opened the box in which he had brought his lamps, where he found the identical wire he ought to have given for this lamp. Be it observed that there were two of Dr. Clanny's lamps of the same construction at this time on the lecture-table, one of which—that withdrawn by him without a trial had the proper wire—was trimmed and lighted in his presence on the lecture-table before the chairman, the whole of the committee and the spectators, and what is more, had never been in my hands. Such I assert are the facts. My proofs are these:—

From Mr. Pease, M.P., Chairman of the Committee.

"To Messrs. Upton and Roberts.—Having been asked as Chairman of the Committee of the House of Commons, how far the experiment upon Dr. Clanny's safety-lamp with improvements was a fair experiment, I am quite ready to state my opinion, that owing to the defective trimming, the experiment could not be deemed a *final* one—because it afterwards appeared that the lamp had not been trimmed agreeably to the Dr.'s system—but that there was any, even the most remote design, to give an unfair preference to any lamp, on the

part of those present, I have not, and had not, the least conception. When the wire was found to be too thick, Mr. Roberts stated that the wire he had used was the only wire given to him by me; that wire was intended for another lamp from Newcastle, and not Dr. Clanny's; but this was not stated to Mr. Roberts, and probably led to the whole blunder, and to Dr. Clanny's withdrawing his lamp without consulting any one, which I *could not* and would not prevent. I am &c.,

"J. Pease, Jun."

From Mr. Balmain, Assistant to Dr. Turner, London University.

"Dr. Clanny's two lamps were brought to the University in a box, which also contained wire for trimming one of them, which was brought untrimmed. Dr. Clanny himself took the lamps out of the box and left this wire in it. Dr. Clanny wished the untrimmed lamp to be tried in preference to the other, and asked Mr. Roberts to oblige him by trimming it. While Mr. Roberts was in the act of doing so, Mr. Pereira was waiting for it, and standing by Mr. Roberts to carry it to him. The lamp to which the wire belonged stood on the table close by Mr. Roberts, and the wire beside it, and of course no other wire being near, that was used. The proper wire was afterwards found by Dr. Clanny where he had left it. It has been stated that Mr. Roberts said that he used the thick wire because the other wire broke in his hands. This must be a great error, because he never even touched it, and I am confident that he said no such thing at the meeting at the University.

"W. H. Balmain.

"To Messrs. Upton and Roberts.
"Sept. 15, 1835."

From Dr. Birkbeck.

"To Mr. Upton.—Having attended the examination of Lamps at the London University by the desire of the Chairman of the Committee, and likewise at your request, I paid particular attention to the mode pursued in conducting the numerous and important experiments then exhibited. That nothing in the slightest degree unfair took place, I can safely assert; and that equal justice was done by Mr. Pereira, who was selected as the experimenter, to the lamps placed before him, I can confidently affirm: I regretted in common with others the accident which happened to the lamp invented by Dr. Clanny; an accident it certainly was, and I still more lamented the decision to which Dr. Clanny hastily arrived and intemperately adhered, of refusing any further examination of his lamp. I have known your partner Mr. Roberts too long and too well to believe him capable of the 'trick' imputed to him, and I fully confide in the explanation he gave at the lecture-table, and which I distinctly heard.

"George Birkbeck.
"38, Finsbury-square, 16th Sept., 1835."

I have only to add, that I utterly deny having changed the wire of Dr. Clanny's lamp, or have in any instance confessed having done so, and I defy Dr. Clanny to bring forward one person from amongst those present, and there were nearly a hundred, who can truly say I did either.

Trusting, as I have before said, to your justice and liberality in giving me an opportunity of refuting an accusation I do not deserve, I remain, Sir, your obedient and humble servant,

J. Roberts.

64, Queen-street, Cheapside,
Sept. 16, 1835.

Biography. (*From a Correspondent.*)—Died April 6th, 1835, at his house at Sidmouth, Devonshire, of phthisis pulmonalis, James Paty, Esq., Member of the Royal College of Surgeons in London. Mr. Paty was educated for the profession at St. Thomas's and Guy's Hospitals, and subsequently passed several years on the continent, with a view of comparing English and foreign modes of practice. In the year 1820 he settled in London as a consulting surgeon, and his abilities and tact in the discovery and treatment of disease were highly appreciated by those who, in the profession or out of it, availed themselves of his assistance. The Members of the College of Surgeons are greatly indebted to the zeal which Mr. Paty, in conjunction with other gentlemen, displayed in exposing and endeavouring to remove the abuses which exist in the constitution of the College, and his researches into the history of the profession of surgery; and his opinions on medical reform appeared in a series of letters under the signature of "Brutus" in the early volumes of The Lancet. The substance of those letters he afterwards published in a pamphlet. They excited considerable attention at the time of appearance, and remain a proof of his disinterested zeal for the cause in which he exerted his abilities. Subsequent communications, with his name attached, to The Lancet, during the intervals of practice, and the interruptions of a fatal malady, show the activity and energy of his mind, and his anxiety as a medical practitioner to alleviate human suffering. The hydrostatic injecting apparatus, by which fluids are conveyed into the intestines without a syphon, designed by Mr. Paty, has, amongst other of his inventions, been extensively used, and has proved highly serviceable; and the oviform ivory rectum-dilator, also formed from his suggestions, possesses decided advantages over the bougie in stricture of the lower bowel. Descriptions of both these instruments appeared in The Lancet about three years ago. Mr. Paty possessed good talents for his profession, and had his corporeal been equal to his mental powers, he might have filled a high station in its ranks: with these were combined a stern integrity and singleness of purpose, and he frequently sacrificed his own personal advantage to the accomplishment of objects which he considered calculated to advance the general interests of the whole body of his professional brethren.

NORTH LONDON HOSPITAL.

EPILEPSY WITH BRONCHITIS.—SOFTENING OF THE HEART.

Henry Watts, aged 30, coal-heaver, was admitted Aug. 28, under the care of Dr. Elliotson. He was in the hospital a few months ago with pericarditis, bronchitis, and hypertrophy of the left ventricle of the heart, for which he received relief, and was discharged. He has since been under the care of the surgeons for fistula in ano, and was operated on last week. At about eleven o'clock yesterday morning he suddenly became insensible, and experienced violent convulsion. He foamed at the mouth, his eyes became prominent and turgid, and his heart beat with great rapidity and violence. He also voided the contents of the bladder. The convulsions only lasted three minutes, but he continued in a state of insensibility during the whole of yesterday. He complains to-day of pain in the head, which feels very hot; he seems confused, and does not answer questions readily. He coughs frequently, his respiration is short and quick. He complains of great pain when pressure is made upwards under the left hypochondrium. His respiration is sibillant and sonorous over the whole chest. The heart acts very violently and irregularly, but it is difficult to hear the sounds, on account of his respiration. Pulse 120, irregular in force and frequency; tongue white, bowels open, skin hot. To be bled to twelve ounces.

29. Still has severe pain in the head with confusion of mind; to be again bled. Five grains of calomel to be taken every three hours, and blisters to be applied to the chest and back of the neck. The blood taken yesterday was both buffed and cupped.

30. His head was relieved by the bleeding, but the relief was only temporary. This morning squinting and convulsions came on with constant muttering, and he died at nine p.m.

Autopsy thirty hours after death.

Head.—The scalp was very much congested. The membranes of the brain were exceedingly vascular, but there was no trace of lymph on them. The brain was exceedingly soft, and the white portion presented a grayish appearance, owing to a great number of small vessels. There was a small earthy concretion about the size of a horse-bean on each plexus choroides.—*Chest.* The pericardium contained a quantity of bloody serum; the heart was dilated, and so soft that its structure could be easily broken down. The lining membrane was soft, and much darker than natural. The mitral valves and the semilunar valves at the mouth of the aorta were indurated, but felt healthy. The tricuspid valve was healthy. The lungs were soft, and enormously gorged with bloody fluid. The pleura pulmonalis could be separated very easily from the surface of the lung.—*Abdomen.* Liver of natural size, but very soft, presenting a granular appearance when broken down by the finger.—*Stomach.* The mucous membrane was healthy.—The *spleen* was reduced to a dark pulpy mass.—*Kidneys* very soft, the vascular parts darker than usual.

Dr. Elliotson, in making some remarks on this case, said that the state which gave general softness to the brain, heart, and vessels, arose from a sudden attack of passive inflammation. The vessels became relaxed and softened, and the blood was not propelled through them with its usual activity. He had seen a man in *St. Thomas's Hospital* who had great swelling of the hands, which had become nearly of a mulberry colour from this cause; he was bled and relieved. The patient, whom they had just examined, had no great heat or pain in his head, yet there was great redness internally; the symptoms of inflammation frequently do not bear any proportion to one another; it was so in this case, the chief symptom being the redness. It was a very mysterious subject that solid parts should become suddenly soft; he had seen an old Frenchman with gout, with his legs quite black; he had never witnessed such a symptom before in that disease, and was at first inclined to believe that gangrene had taken place, but the man recovered. He knew no other plan of treatment in cases of this description than the antiphlogistic, not for the purpose of lowering the system, but to unload the vessels. It was a disease which, though often present, was not frequently recognised.

IMPETIGO ERYSIPELATODES.

Dr. Thomson brought into the theatre a man recovering from an attack of this disease, which had assumed some anomalous appearances worth noticing. The patient, who was of a sanguine temperament, had been accustomed to indulge freely in drinking, and had been drunk several times in the week preceding the attack of the eruption. It made its appearance on the evening of a day in which he had been working while exposed to the extreme heat of the sun, and had drunk a pot of porter when he was perspiring freely. He did not recollect

having experienced any shiverings, but felt a stinging heat and sensation of tightness in the face, and, next morning, he perceived that his face was swelled, and that the eyelids were almost closed, whilst the skin of the face and neck was as red as scarlet. In this condition he was admitted into the hospital.

When Dr. THOMSON first saw him, the face was red and puffy, and the œdematous state extended to the eyelids. It appeared more like erysipelas of the head than any other disease, but the constitutional symptoms did not accord with the threatening aspect of the eruption; and on passing the fingers over the surface of the skin, a roughness was felt much greater than occurs in erysipelas. The bowels were regular, the tongue was white and furred, and the pulse was 96. The eruption was rapidly extending over the thorax.

Dr. THOMSON stated, that he experienced much difficulty in giving a name to the disease in the state in which he then saw it. In determining the diagnosis, it was necessary to distinguish between three affections of the skin,—for he had no hesitation in saying that it was not true erisipelas. The question then remained, was it *porrigo*, or *eczema*, or *impetigo?* It was evidently not the first, as that is not usually preceded by fever, or any diffused blush, but by an eruption of straw-coloured fari which at once presented themselves; distinct, although in groups, and in a day or two the fluid they contained concreted into yellow or brown crusts; nor was any peculiar colour exhaled from the crusts. With respect to the second eczema, it was more difficult to decide, as that species which is named "soluro" frequently attacks men of sanguine temperament, who use violent exercise in the sun; and although the eruption itself is vesicular, there is often a sprinkling of phlyzaceous pustules, which suppurate slowly, and are not at first very visible. One objection which might be urged to its being eczema, was the very slight fever which preceded the attack; for in eczema there is considerable general indisposition, the heat is so great as to amount to pain; and when the pustules appear they are secondary, and do not display themselves until the third or fourth day of the eruption, which itself is truly vesicular.

The second day after the admission of the patient, all doubt as to the diagnosis was at an end; the eruption was evidently pustular, and answered to the ordinary appearance of that species of impetigo which WILLAN named "erysipelatodes," on account of the diffused redness and puffy appearance of the skin which precede the psydraceous pustules which now, in the present case, presented themselves to the eye, and were already beginning to discharge the usual acrid pus, which was inflaming and excoriating the sound surface over which it flowed. Another proof of the accuracy of this opinion the Professor pointed out, namely, that where the crusts, which assumed a somewhat lamellar aspect, were beginning to separate, the skin was left dry, shining, and brittle, which is not the case in either porrigo or eczema. He felt it, however, necessary to modify this opinion as far as regarded porrigo in the usual acceptation of the word, for in that species termed *furfuralis* the same appearances occurred; but then it must be stated, that that species was truly impetiginous, and should be placed under the head of "impetigo," instead of "porrigo," where it now stands in both WILLAN'S and BATEMAN'S works.

With respect to the treatment of the disease, it was at first antiphlogistic. The patient was bled to the amount of six ounces, and this was followed by a pill containing six grains of calomel, and next morning a brisk purgative was given. The analogy of the disease to erysipelas of the head, in constitutions such as the patient's, which cannot stand much depletion, prevented Dr. THOMSON from pursuing, any further, the lowering plan of treatment; on the contrary he ordered the sulphate of quinine, with diluted sulphuric acid, to be commenced immediately after the bowels were freely opened; and this was taken three times a day until the patient was discharged.

In reference to the local treatment, which usually consists of simple ablution with warm water and the oxide of zinc ointment, Dr. T. remarked that he had seen in the greater number of cases treated on that plan, that fresh crops of pustules appear several successive times, and all run the same course as the first, thus greatly annoying both the patient and the practitioner. The only application, therefore, which he ordered, was a lotion of a solution of nitrate of silver, in the proportion of eight grains of the nitrate to one ounce of water, with the addition of three minims of nitric acid. The use of the acid was to prevent the immediate decomposition of the nitrate, which always more or less follows its application to surfaces exuding either lymph or mucus; and when this occurs, its powers of course become greatly weakened.

The beneficial result of this practice was evident. The man, as now presented to the pupils, was in a convalescent state, although he had only been a week in the hospital; the crusts were everywhere fall-

ing off, and leaving beneath them a sound cuticle, seemingly not at all disposed to take on any particular state, or any other diseased action.

This case Dr. T. considered instructive in two respects. It pointed out the necessity of not determining too hastily the nature of an eruptive disease at its first appearance, and the propriety of inquiring into the previous habits of a patient before deciding upon the treatment of a disease, for, in this instance, the Professor was certain that more depletion would have been productive of harm; and, lastly, the advantages of careful reasoning upon the nature of diseases.

In this case the similarity of the symptoms to those of erysipelas of the head in broken-down constitutions, induced him to treat it nearly in the same manner as he would have done a case of that disease. He left the pupils to make their own comments on the plan he had adopted from the results.

Erratum.—In report, page 793, line 40, for "choke up the lungs," read *shake up*, &c.

To Lecturers.—Prospectuses of the Medical Schools &c. should be forwarded immediately.

A History of British Quadrupeds is about to be published by Mr. Thomas Bell, "Lecturer on Comparative Anatomy at Guy's Hospital," in one volume octavo, uniform with the History of British Fishes published by Mr. Yarrell.

New Principles in Opium.—M. Pelletier lately presented a paper to the Academy of Medicine in Paris describing the properties of two new principles which he has discovered in opium by treating that substance with lime and ammonia. He designates them by the names of *paramorphine* and *pseudomorphine*.

Errata.—Page 592, last line of col. 1, for *dome* read *object*.

Correspondents may assemble any variety of letters that is agreeable to them in adopting signatures to their communications, but it was probably a slip of the pen that substituted "Multorum" for "multis" in the letter at page 761.

Page 612, col. 2, line 18, erase the *not*.

METEOROLOGICAL REPORT.

(*Extract from a Meteorological Journal kept at High Wycombe.*

Lat. 51° 37′ 44″ North, Long. 34° 45″ West.)

Days.	Thermometer.		Barometer.		Rain.	Wind.	Weather.
	Highest.	Lowest.	Highest.	Lowest.	Ins. Dcls.		
Sept. 7	69.50	46.50	29.82	29.70	—	S.E.	Generally fine.
8	57.50	42.75	.54	.31	0.175	S.E.	Heavy rain in afternoon.
9	63.	42.75	.46	.42	0.3375	W.	Fine in day, rain at night.
10	62.50	43.50	.18	.08	0.3	S.W.	Heavy rain in the morning.
11	52.50	44.50	.35	.15	0.05	W.	Some rain in the night.
12	64.75	37.50	.17	.05	0.01875	N.W.	Slight rain.
13	63.50	39.	.47	.25	0.1	W.	Some rain in the night.

Sept. 15, 1835. W. Jackson.

END OF VOL. II., 1834-35.

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